

# For Washington (Clark and Cowlitz counties) groups with 1–50 employees MEDICAL PLANS OVERVIEW

For coverage effective on or after January 1, 2020

WASHINGTON  
2020

## WHY CHOOSE KAISER PERMANENTE

### Online access anytime, anywhere:

Through **kp.org** and the Kaiser Permanente app, members have access to information and tools to better manage their health.

- View digital member ID card
- Access health records
- Email doctor
- Schedule routine and specialty appointments
- Fill and refill most prescriptions
- Check lab results
- Video or phone appointments

### Member discounts: [kp.org/choosehealthy](https://kp.org/choosehealthy)

CHP Active and Healthy offers members discounted access to recreational, cultural, fitness and wellness-centered businesses, retail services, equipment, instruction, memberships, and tickets both regionally and nationally.

- CHP Active and Healthy
- Fitness club discounts
- Alternative and chiropractic care
- Vitamins and supplements

### Tools for employers: [account.kp.org](https://account.kp.org)

These online services can help make your job easier.

- Online account management
- Benefit summaries
- Forms
- Occupational health
- View and print group agreements (contracts)

### Facilities and services: [kp.org/facilities](https://kp.org/facilities)

Members have their choice of primary care doctors and specialists when they need them, at convenient locations.

- 36 medical offices
- 21 dental offices

- The Portland Clinic (5 locations)
- 6 Kaiser Permanente urgent care locations
- 10 Vision Essentials by Kaiser Permanente clinics

### Integrated care under one roof

- Doctors
- Dentists
- Labs and imaging services
- Pharmacy
- Vision services
- Electronic health records
- 24-hour advice
- Wellness coach services

### Quality care

With our commitment to quality care, we make it easier for you to stay healthy and feel your best. Coordinated teamwork, combined with expertise, helps make our doctors, nurses, and specialists better informed to provide the best care for your needs.

### Give us a call or talk to your broker

We can answer your questions about medical coverage, eligibility, plan design, or renewal.

Please contact us or your broker if you would like a booklet with more details about our plans and options.

Toll free..... 1-800-813-2630

TTY..... 711

Language interpretation services.... 1-800-324-8010

Fax ..... 503-813-4426

**DID YOU KNOW?**

There is an \$11.1 million estimated annual reduction in future medical costs for Kaiser Permanente members with diabetes and/or cardiac conditions who use dental services.<sup>1</sup>



**visionessentials**  
by KAISER PERMANENTE

**DID YOU KNOW?**

At Vision Essentials by Kaiser Permanente, we see eye care differently. Healthy sight is more than glasses and contact lenses. Our optometrists and ophthalmologists provide comprehensive eye care, including routine eye exams, to help your employees stay happy, healthy, and productive.

All our plans give your employees what they need to help them be healthier and more productive every day — prevention, health promotion, and care for ongoing health conditions. You have lots of choices, from traditional plans to consumer-directed options, from out-of-area coverage to dental coverage. Here's a quick overview of what we offer. For plan specifics, contact your Kaiser Permanente representative.

## Traditional plans

These plans offer predictable copays and out-of-pocket maximums, and make it easier for employees to manage their health care spending. A variety of copay options gives you the flexibility to choose a plan that meets employee needs and business goals.

## Deductible plans

You'll get more options at an affordable cost. With the addition of an employee deductible and out-of-pocket cost, monthly payments are lower than for traditional plans. You'll be able to reduce premiums while still maintaining quality care and access to our doctors for your employees.

## HSA-qualified high deductible plans

Offer lower premiums than other plan types, plus tax savings.<sup>2</sup> With our HSA-qualified high deductible plans and deductible plans with health reimbursement arrangement (HRA), your employees will have more control over their health care dollars, helpful online decision-support tools, and the same high-value access to services as members of our traditional plans.

## Added Choice<sup>®</sup> point-of-service plans

Added Choice gives your employees the opportunity to keep their current doctor or the flexibility to choose providers and services from any licensed provider.

<sup>1</sup>Kaiser Permanente Northwest actuarial data.

<sup>2</sup>The tax references relate to federal income tax only. Consult with your financial or tax advisor for information about state income tax laws.



## PPO Plus® plans

PPO Plus provides you with the opportunity to give your employees living and working outside the Kaiser Permanente Northwest service area more provider choice, while offering the benefits of single carrier administration and health care cost containment.

With PPO Plus, members can choose care from First Choice Health providers, First Health Network providers, Kaiser Permanente providers in Tier 1, or nonparticipating community providers in Tier 2. Visit [kp.org/ppoplus/nw](https://kp.org/ppoplus/nw) for more information.

## Kaiser Permanente Senior Advantage plan

Provide your Medicare-eligible employees with the benefits of Medicare Advantage.

## Dental plans

Choose from our cost-effective Traditional Dental plans or flexible Dental Choice PPO plans. We have a range of options with comprehensive coverage to meet the unique needs of your employees. Our unique medical-dental integration helps improve care quality, improve patient safety, and increase member satisfaction. See our dental product portfolio for information on our dental plans.

## Domestic partner coverage (same and opposite sex)

Employers may elect to include opposite-sex domestic partners as eligible dependents.

Same-sex coverage is offered on all small group contracts in compliance with state laws.



### COMMUNITIES WE SERVE

Kaiser Permanente's community health efforts in the Northwest are working to make real and lasting change for the people who live, learn, work, and play here. Each year, we partner with more than 150 local community organizations that, like us, are deeply committed to the mission of community health. We take pride in these collaborations and the opportunity to help build greater health capacity and sustainability in the region.



### NATUROPATHIC CARE

All of our plans include self-referred naturopathic care at the specialty office visit cost share, limited to 6 visits per year.



Please contact your Kaiser Permanente representative for help building your health care strategy.



## Plan options

METAL TIER	Traditional	Deductible	HSA-qualified high deductible	Added Choice® point-of-service	PPO Plus®*
Platinum	KP WA Platinum 0/20	KP WA Platinum 250/20 KP WA Platinum 500/20		KP WA Platinum 250/20 3T POS	KP WA Platinum 250/20 PPO Plus
Gold	KP WA Gold 0/30	KP WA Gold 1000/20 KP WA Gold 1500/35		KP WA Gold 600/35 3T POS KP WA Gold 1000/20 3T POS	KP WA Gold 1000/30 PPO Plus
Silver		KP WA Silver 2500/45 KP WA Silver 3500/40 KP WA Silver 4500/45	KP WA Silver 2800/25% HSA	KP WA Silver 2500/45 3T POS	KP WA Silver 2500/45 PPO Plus
Bronze		KP WA Bronze 5500/50 KP WA Bronze 8150/40	KP WA Bronze 5200/20% HSA		

\*If you have employees who both live and work outside our service area, they may be eligible for a PPO Plus plan. Rates and approval subject to underwriting.

Buy-up option	<p>Any of the above medical plans can be paired with the following vision coverage buy-up option:</p> <p><b>Adult vision hardware and vision exam:</b> \$200 hardware benefit allowance every 2-year period and primary care office visit cost share applies for exam.</p>
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PLAN NAME	TRADITIONAL PLANS	
	KP WA Platinum 0/20	KP WA Gold 0/30
ANNUAL MEDICAL DEDUCTIBLE Accumulates to out-of-pocket maximum	\$0 per individual; \$0 per family	\$0 per individual; \$0 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$2,000 per individual; \$4,000 per family	\$6,750 per individual; \$13,500 per family
BENEFITS	Member pays	
OFFICE VISITS Preventive care	\$0	\$0
Primary care	\$20	\$30
Urgent care	\$40	\$60
Specialty care	\$30	\$50
Prenatal care	\$0	\$0
OUTPATIENT THERAPIES <sup>1</sup>	\$30	\$50
OUTPATIENT SURGERY	\$100	40%
LAB	\$20	\$30
X-RAY/DIAGNOSTIC TEST	\$20	\$30
CT, MRI, AND PET SCANS	\$75	\$300
INPATIENT HOSPITAL CARE	\$300 per day, \$1,500 per admission	\$500 per day, \$2,500 per admission
EMERGENCY DEPARTMENT VISIT	\$150	\$300
OUTPATIENT PRESCRIPTION DRUGS	\$5 generic; \$15 preferred brand-name; \$50 nonpreferred brand-name; 50% specialty	\$15 generic; \$30 preferred brand-name; \$60 nonpreferred brand-name; 50% specialty

<sup>1</sup>Rehabilitative and habilitative therapies have limits of 25 visits each, per year. Neurodevelopmental conditions have an additional 25 visits per year for both rehabilitative and habilitative therapies.



PLAN NAME	DEDUCTIBLE PLANS			
	KP WA Platinum 250/20	KP WA Platinum 500/20	KP WA Gold 1000/20	KP WA Gold 1500/35
ANNUAL MEDICAL DEDUCTIBLE Accumulates to out-of-pocket maximum	\$250 per individual; \$500 per family	\$500 per individual; \$1,000 per family	\$1,000 per individual; \$2,000 per family	\$1,500 per individual; \$3,000 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$2,500 per individual; \$5,000 per family	\$4,000 per individual; \$8,000 per family	\$6,500 per individual; \$13,000 per family	\$7,000 per individual; \$14,000 per family
BENEFITS	Member pays			
OFFICE VISITS Preventive care	\$0	\$0	\$0	\$0
Primary care	\$20	\$20	\$20	\$35
Urgent care	\$40	\$40	\$50	\$55
Specialty care	\$30	\$30	\$40	\$45
Prenatal care	\$0	\$0	\$0	\$0
OUTPATIENT THERAPIES <sup>1</sup>	\$30	\$30	\$40	\$45
OUTPATIENT SURGERY	10%*	20%*	20%*	20%*
LAB	\$20	\$20	\$20	\$35
X-RAY/DIAGNOSTIC TEST	\$20	\$20	\$20	\$35
CT, MRI, AND PET SCANS	10%*	20%*	\$300	\$300
INPATIENT HOSPITAL CARE	10%*	20%*	20%*	20%*
EMERGENCY DEPARTMENT VISIT	10%*	20%*	20%*	20%*
OUTPATIENT PRESCRIPTION DRUGS	\$5 generic; \$15 preferred brand-name; \$50 nonpreferred brand-name; 50% specialty	\$5 generic; \$15 preferred brand-name; \$50 nonpreferred brand-name; 50% specialty	\$10 generic; \$30 preferred brand-name; 50% nonpreferred brand-name; 50% specialty	\$10 generic; \$20 preferred brand-name; \$60 nonpreferred brand-name; 50% specialty

\*Subject to annual medical deductible.

<sup>1</sup>Rehabilitative and habilitative therapies have limits of 25 visits each, per year. Neurodevelopmental conditions have an additional 25 visits per year for both rehabilitative and habilitative therapies.



PLAN NAME	DEDUCTIBLE PLANS		
	KP WA Silver 2500/45	KP WA Silver 3500/40	KP WA Silver 4500/45
ANNUAL MEDICAL DEDUCTIBLE Accumulates to out-of-pocket maximum	\$2,500 per individual; \$5,000 per family	\$3,500 per individual; \$7,000 per family	\$4,500 per individual; \$9,000 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$8,150 per individual; \$16,300 per family	\$8,150 per individual; \$16,300 per family	\$8,150 per individual; \$16,300 per family
BENEFITS			
OFFICE VISITS Preventive care	\$0	\$0	\$0
Primary care	\$45	\$40	\$45
Urgent care	\$65	\$70	\$75
Specialty care	\$55	\$50	\$55
Prenatal care	\$0	\$0	\$0
OUTPATIENT THERAPIES <sup>1</sup>	\$55	\$50	\$55
OUTPATIENT SURGERY	30%*	30%*	30%*
LAB	\$45	\$40	\$45
X-RAY/DIAGNOSTIC TEST	\$45	\$40	\$45
CT, MRI, AND PET SCANS	30%*	30%*	30%*
INPATIENT HOSPITAL CARE	30%*	30%*	30%*
EMERGENCY DEPARTMENT VISIT	30%*	30%*	30%*
OUTPATIENT PRESCRIPTION DRUGS	\$30 generic; \$50 preferred brand-name; 50% nonpreferred brand-name; 50%* specialty	\$30 generic; \$50 preferred brand-name; 30% nonpreferred brand-name; 50%* specialty	\$30 generic; \$50 preferred brand-name; 50% nonpreferred brand-name; 50%* specialty

\*Subject to annual medical deductible.

<sup>1</sup>Rehabilitative and habilitative therapies have limits of 25 visits each, per year. Neurodevelopmental conditions have an additional 25 visits per year for both rehabilitative and habilitative therapies.



PLAN NAME	DEDUCTIBLE PLANS	
	KP WA Bronze 5500/50	KP WA Bronze 8150/40
ANNUAL MEDICAL DEDUCTIBLE Accumulates to out-of-pocket maximum	\$5,500 per individual; \$11,000 per family	\$8,150 per individual; \$16,300 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$8,150 per individual; \$16,300 per family	\$8,150 per individual; \$16,300 per family
BENEFITS	Member pays	
OFFICE VISITS Preventive care	\$0	\$0
Primary care	\$50	\$40 for 3 visits; then 0%*
Urgent care	35%*	0%*
Specialty care	\$60*	0%*
Prenatal care	\$0	\$0
OUTPATIENT THERAPIES <sup>1</sup>	\$60*	0%*
OUTPATIENT SURGERY	35%*	0%*
LAB	35%*	0%*
X-RAY/DIAGNOSTIC TEST	35%*	0%*
CT, MRI, AND PET SCANS	35%*	0%*
INPATIENT HOSPITAL CARE	35%*	0%*
EMERGENCY DEPARTMENT VISIT	35%*	0%*
OUTPATIENT PRESCRIPTION DRUGS	(Subject to \$900 drug deductible) \$30 generic; \$60 preferred brand-name <sup>2</sup> ; 50% nonpreferred brand-name <sup>2</sup> ; 50% specialty <sup>2</sup>	\$30 generic; 0%* preferred brand-name; 0%* nonpreferred brand-name; 0%* specialty

\*Subject to annual medical deductible.

<sup>1</sup>Rehabilitative and habilitative therapies have limits of 25 visits each, per year. Neurodevelopmental conditions have an additional 25 visits per year for both rehabilitative and habilitative therapies.

<sup>2</sup>Subject to prescription drug deductible.





PLAN NAME	HIGH DEDUCTIBLE HEALTH PLANS	
	KP WA Silver 2800/25% HSA	KP WA Bronze 5200/20% HSA
ANNUAL MEDICAL DEDUCTIBLE Accumulates to out-of-pocket maximum	\$2,800 per individual; \$5,600 per family	\$5,200 per individual; \$10,400 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$5,400 per individual; \$10,800 per family	\$6,900 per individual; \$13,800 per family
BENEFITS	Member pays	
OFFICE VISITS Preventive care	0%	0%
Primary care	25%*	20%*
Urgent care	25%*	50%*
Specialty care	25%*	30%*
Prenatal care	0%	0%
OUTPATIENT THERAPIES <sup>1</sup>	25%*	30%*
OUTPATIENT SURGERY	25%*	50%*
LAB	25%*	50%*
X-RAY/DIAGNOSTIC TEST	25%*	50%*
CT, MRI, AND PET SCANS	25%*	50%*
INPATIENT HOSPITAL CARE	25%*	50%*
EMERGENCY DEPARTMENT VISIT	25%*	50%*
OUTPATIENT PRESCRIPTION DRUGS	\$20* generic; \$40* preferred brand-name; 30%* nonpreferred brand-name; 50%* specialty	\$20* generic; 50%* preferred brand-name; 50%* nonpreferred brand-name; 50%* specialty

\*Subject to annual medical deductible.

<sup>1</sup>Rehabilitative and habilitative therapies have limits of 25 visits each, per year. Neurodevelopmental conditions have an additional 25 visits per year for both rehabilitative and habilitative therapies.



PLAN NAME	ADDED CHOICE® POINT-OF-SERVICE PLANS					
	KP WA Platinum 250/20 3T POS			KP WA Gold 600/35 3T POS		
Tier	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3
ANNUAL MEDICAL DEDUCTIBLE Accumulates to out-of-pocket maximum	\$250 per individual; \$500 per family	\$500 per individual; \$1,000 per family	\$750 per individual; \$1,500 per family	\$600 per individual; \$1,200 per family	\$1,800 per individual; \$3,600 per family	\$4,500 per individual; \$9,000 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$2,500 per individual; \$5,000 per family	\$3,500 per individual; \$7,000 per family	\$7,000 per individual; \$14,000 per family	\$4,000 per individual; \$8,000 per family	\$6,000 per individual; \$12,000 per family	\$8,000 per individual; \$16,000 per family
BENEFITS	Member pays					
OFFICE VISITS Preventive care	\$0	\$0	35%*	\$0	\$0	50%*
Primary care	\$20	\$30	35%*	\$35	\$60	50%*
Urgent care	\$40	\$60	35%*	\$60	\$80	50%*
Specialty care	\$30	\$40	35%*	\$45	\$70	50%*
Prenatal care	\$0	\$0	35%*	\$0	\$0	50%*
OUTPATIENT THERAPIES <sup>1</sup>	\$30	\$40	35%*	\$45	\$70	50%*
OUTPATIENT SURGERY	10%*	25%*	35%*	30%*	50%*	50%*
LAB	\$20	\$30	35%*	\$35	40%*	50%*
X-RAY/DIAGNOSTIC TEST	\$20	\$30	35%*	\$35	40%*	50%*
CT, MRI, AND PET SCANS	10%*	25%*	35%*	30%*	50%*	50%*
INPATIENT HOSPITAL CARE	10%*	25%*	35%*	30%*	50%*	50%*
EMERGENCY DEPARTMENT VISIT	10%*			30%*		
OUTPATIENT PRESCRIPTION DRUGS	\$10 generic; \$20 preferred brand-name; \$50 nonpreferred brand-name; 50% specialty	\$15 generic; \$30 preferred brand-name; 50% nonpreferred brand-name; 50% specialty	Not covered	\$10 generic; \$20 preferred brand-name; \$50 nonpreferred brand-name; 50% specialty	\$25 generic; \$75 preferred brand-name; 50% nonpreferred brand-name; 50% specialty	Not covered

\*Subject to annual medical deductible.

<sup>1</sup>Rehabilitative and habilitative therapies have limits of 25 visits each, per year. Neurodevelopmental conditions have an additional 25 visits per year for both rehabilitative and habilitative therapies.



PLAN NAME	ADDED CHOICE® POINT-OF-SERVICE PLANS					
	KP WA Gold 1000/20 3T POS			KP WA Silver 2500/45 3T POS		
Tier	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3
ANNUAL MEDICAL DEDUCTIBLE Accumulates to out-of-pocket maximum	\$1,000 per individual; \$2,000 per family	\$2,000 per individual; \$4,000 per family	\$6,000 per individual; \$12,000 per family	\$2,500 per individual; \$5,000 per family	\$4,500 per individual; \$9,000 per family	\$6,500 per individual; \$13,000 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$5,000 per individual; \$10,000 per family	\$7,500 per individual; \$15,000 per family	\$10,000 per individual; \$20,000 per family	\$8,150 per individual; \$16,300 per family	\$8,150 per individual; \$16,300 per family	\$13,000 per individual; \$26,000 per family
BENEFITS	Member pays					
OFFICE VISITS Preventive care	\$0	\$0	50%*	\$0	\$0	50%*
Primary care	\$20	\$40	50%*	\$45	\$60	50%*
Urgent care	\$50	\$100	50%*	\$65	\$80	50%*
Specialty care	\$40	\$60	50%*	\$55	\$70	50%*
Prenatal care	\$0	\$0	50%*	\$0	\$0	50%*
OUTPATIENT THERAPIES <sup>1</sup>	\$40	\$60	50%*	\$55	\$70	50%*
OUTPATIENT SURGERY	25%*	40%*	50%*	30%*	40%*	50%*
LAB	\$20	40%*	50%*	\$45	40%*	50%*
X-RAY/DIAGNOSTIC TEST	\$20	40%*	50%*	\$45	40%*	50%*
CT, MRI, AND PET SCANS	\$300	40%*	50%*	30%*	40%*	50%*
INPATIENT HOSPITAL CARE	25%*	40%*	50%*	30%*	40%*	50%*
EMERGENCY DEPARTMENT VISIT	25%*			30%*		
OUTPATIENT PRESCRIPTION DRUGS	\$10 generic; \$30 preferred brand-name; 50% nonpreferred brand-name; 50% specialty	\$25 generic; \$75 preferred brand-name; 50% nonpreferred brand-name; 50% specialty	Not covered	\$30 generic; \$40 preferred brand-name; 50% nonpreferred brand-name; 50%* specialty	\$40 generic; \$60 preferred brand-name; 50% nonpreferred brand-name; 50%* specialty	Not covered

\*Subject to annual medical deductible.

<sup>1</sup>Rehabilitative and habilitative therapies have limits of 25 visits each, per year. Neurodevelopmental conditions have an additional 25 visits per year for both rehabilitative and habilitative therapies.



PLAN NAME	KP WA Platinum 250/20 PPO Plus	
Tier	Tier 1	Tier 2
ANNUAL MEDICAL DEDUCTIBLE Accumulates to out-of-pocket maximum	\$250 per individual; \$500 per family	\$750 per individual; \$1,500 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$2,500 per individual; \$5,000 per family	\$7,000 per individual; \$14,000 per family
BENEFITS	Member pays	
OFFICE VISITS Preventive care	\$0	35%*
Primary care	\$20	35%*
Urgent care	\$40	35%*
Specialty care	\$30	35%*
Prenatal care	\$0	35%*
OUTPATIENT THERAPIES <sup>1</sup>	\$30	35%*
OUTPATIENT SURGERY	10%*	35%*
LAB	\$20	35%*
X-RAY/DIAGNOSTIC TEST	\$20	35%*
CT, MRI, AND PET SCANS	10%*	35%*
INPATIENT HOSPITAL CARE	10%*	35%*
EMERGENCY DEPARTMENT VISIT	10%*	
OUTPATIENT PRESCRIPTION DRUGS	\$10 generic; \$20 preferred brand-name; \$50 nonpreferred brand-name; 50% specialty	\$10 generic; \$20 preferred brand-name; \$50 nonpreferred brand-name; 50% specialty

PLAN NAME	KP WA Gold 1000/30 PPO Plus		KP WA Silver 2500/45 PPO Plus	
Tier	Tier 1	Tier 2	Tier 1	Tier 2
ANNUAL MEDICAL DEDUCTIBLE Accumulates to out-of-pocket maximum	\$1,000 per individual; \$3,000 per family	\$3,000 per individual; \$6,000 per family	\$2,500 per individual; \$5,000 per family	\$7,500 per individual; \$15,000 per family
ANNUAL OUT-OF-POCKET MAXIMUM	\$5,000 per individual; \$10,000 per family	\$10,000 per individual; \$20,000 per family	\$8,150 per individual; \$16,300 per family	\$12,000 per individual; \$24,000 per family
BENEFITS	Member pays			
OFFICE VISITS Preventive care	\$0	45%*	\$0	50%*
Primary care	\$30	45%*	\$45	50%*
Urgent care	\$50	45%*	\$65	50%*
Specialty care	\$40	45%*	\$55	50%*
Prenatal care	\$0	45%*	\$0	50%*
OUTPATIENT THERAPIES <sup>1</sup>	\$40	45%*	\$55	50%*
OUTPATIENT SURGERY	30%*	45%*	40%*	50%*
LAB	\$30	45%*	\$45	50%*
X-RAY/DIAGNOSTIC TEST	\$30	45%*	\$45	50%*
CT, MRI, AND PET SCANS	30%*	45%*	40%*	50%*
INPATIENT HOSPITAL CARE	30%*	45%*	40%*	50%*
EMERGENCY DEPARTMENT VISIT	30%*		40%*	
OUTPATIENT PRESCRIPTION DRUGS	\$15 generic; \$30 preferred brand-name; \$50 nonpreferred brand-name; 50% specialty	\$15 generic; \$30 preferred brand-name; \$50 nonpreferred brand-name; 50% specialty	\$30 generic; \$50 preferred brand-name; 50% nonpreferred brand-name; 50%* specialty	\$30 generic; \$50 preferred brand-name; 50% nonpreferred brand-name; 50%* specialty

\*Subject to annual medical deductible.

<sup>1</sup>Rehabilitative and habilitative therapies have limits of 25 visits each, per year. Neurodevelopmental conditions have an additional 25 visits per year for both rehabilitative and habilitative therapies.



PLAN NAME	2020 SMALL GROUP SENIOR ADVANTAGE
ANNUAL MEDICAL DEDUCTIBLE Accumulates to out-of-pocket maximum	\$0
ANNUAL OUT-OF-POCKET MAXIMUM	\$1,000 per individual
<b>BENEFITS<sup>1</sup></b>	<b>Member pays</b>
OFFICE VISITS Preventive care	\$0
Primary care	\$20
Urgent care	\$25
Specialty care	\$20
Prenatal care	\$0
OUTPATIENT THERAPIES	\$20
OUTPATIENT SURGERY	\$50
ALTERNATIVE CARE	\$20 self-referred chiropractic/naturopathic/acupuncture (CHP network only); \$25 self-referred massage copay. Self-referred massage is limited to 12 visits per calendar year. There is a \$1,000 limit on all alternative care services.
LAB	\$0
X-RAY/DIAGNOSTIC TEST	\$0
CT, MRI, AND PET SCANS	\$0
INPATIENT HOSPITAL CARE	\$200 per admission
EMERGENCY DEPARTMENT VISIT	\$50
OUTPATIENT PRESCRIPTION DRUGS*	\$20 generic; \$40 preferred brand-name and specialty; \$3 generic/\$7 preferred brand-name after TrOOP (\$6,350)

Senior Advantage plans cannot be modified. Kaiser Permanente is a plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal. Benefits, premiums and/or copays/coinsurance may change on January 1 of each year and at other times in accord with your group's contract with us. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

\*The Part D prescription drug gap begins when total drug costs (Kaiser Permanente share plus your copay or coinsurance) for the year to date total \$4,020.



### INTEGRATED EYE HEALTH

We treat eye health as a component of total health, not in isolation. When you choose the vision option, you're choosing the option that is more convenient and connected, which can help uncover major health issues and lead to better health outcomes.

## Pediatric dental (benefits embedded in all medical plans)\*

All embedded pediatric dental plans are Dental Choice (PPO) plans.

PREVENTIVE AND DIAGNOSTIC SERVICES (ORAL EXAM, X-RAYS, TEETH CLEANING, FLUORIDE TREATMENTS)	\$0
BASIC RESTORATIVE SERVICES (ROUTINE FILLINGS, BASIC CROWNS, SIMPLE EXTRACTIONS)	50%
MAJOR RESTORATIVE SERVICES (GOLD OR PORCELAIN CROWNS, INLAYS, BRIDGE ABUTMENTS, PONTICS)	50%

## Plan highlights

**Out-of-pocket maximum:** All benefits displayed accumulate to the out-of-pocket maximum.

**Pediatric benefits:** All plans include pediatric vision exams at \$0 and pediatric vision hardware at no charge for 1 pair frames with lenses, conventional or disposable contact lenses in lieu of eyeglasses (limited to 1 pair per year for conventional lenses or a 12-month supply of disposable contact lenses per year); no charge for low vision aid or medically necessary contact lenses (does not apply to non-contracted tiers).

## Alternative care (self-referred)

Many of our plans include self-referred naturopathic care at the specialty office visit cost share (limited to 6 visits per year); acupuncture (up to 12 visits per year; additional visits require prior authorization); and spinal and extremity manipulation therapy (up to 10 visits per year; additional visits require prior authorization).

Visit [chpgroup.com](http://chpgroup.com) for a list of providers. If purchased with Added Choice plans, these benefits may be used at CHP, PPO, and other nonparticipating providers and facilities.

Members on our PPO Plus plans can access these benefits through PPO and other nonparticipating providers and facilities.

## Adult vision hardware and routine eye exam

**Adult vision hardware and vision exam:** \$200 hardware benefit allowance every 2-year period and primary care office visit cost share applies for exam.

Visit [kp2020.org](http://kp2020.org) for more information.

**Buy-up option:** If you would like to select the buy-up option to pair with your medical plan, do so on your Renewal Decision Form or Washington Small Business employer application.

\*Pediatric dental cost shares are subject to deductible on HSA-qualified plans.



## Explanation of Added Choice benefits

Tier 1 services, in most cases, are provided by select providers and select facilities. *The Evidence of Coverage (EOC)* provides a complete definition of select providers and select facilities and explains when Tier 1 services are provided by other providers and facilities.

Tier 2 services are provided by PPO providers and facilities. Refer to the *EOC* for a complete definition of PPO providers and facilities.

Tier 3 services are provided by nonparticipating providers and facilities. Refer to the *EOC* for a complete definition of nonparticipating providers and facilities.

Deductible and out-of-pocket maximum amounts cross-accumulate between Tiers 1 and 2. There is a separate deductible and out-of-pocket maximum amount in Tier 3, which does not accumulate across any other tiers.

## Explanation of PPO Plus benefits

PPO Plus provides you with the opportunity to give your employees who live and work outside the service area the freedom to choose any doctor or hospital they want, anywhere in the country. Members can choose care from First Choice Health, First Health Network, Kaiser Permanente providers, and nonparticipating providers.

Visit [kp.org/ppoplus/nw](https://kp.org/ppoplus/nw) for more information.

## Important information

This brochure provides summaries for various plans and is not a contract. These plans are subject to exclusions and limitations. Plan details, including all benefits, exclusions, and limitations, are provided in the *EOC*.

For specific information about the plans referred to in this brochure, go to [kp.org/plandocuments](https://kp.org/plandocuments). You may also contact your sales executive or account manager for more information.

To obtain an *EOC* for a particular plan, call Employer and Broker Services at **1-866-246-3613**. For TTY, call **711**. For language interpretation services, call **1-800-324-8010**.



### **BUNDLED PLAN OPTIONS WHEN YOU PURCHASE COVERAGE OUTSIDE THE HEALTH INSURANCE EXCHANGE**

You can offer 2 or 3 medical plans in a bundle, with the following limitation:

- Only 1 Added Choice plan per bundle

Once you select your plan offerings, employees choose the plan that best meets their needs.



